State of Virginia

State Of V	riigiilia					
STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
AND PLAN OF CORRECTION IDENTIFICATION		IDENTIFICATION NUMBER.	A. BUILDING:		COMPLETED	
V44004		B. WING		05/25/2017		
VA0394			B. WING	B. WING		
NAME OF P	ROVIDER OR SUPPLIER		DDRESS, CITY, ST			
THE LAUF	RELS OF BON AIR		N AIR CROSSIN	IGS DRIVE		
			R, VA 23235			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLETE	
F 000	Initial Comments		F 000			
	05/25/17. Corrections compliance with the N Regulations for the Li Facilities. The Life S follow. The census in this 12 118 at the time of the consisted of 21 curre (Residents # 1 through	ucted 05/23/17 through s are required to be in /irginia Rules and icensure of Nursing afety Code survey/report will 4 certified bed facility was survey. The survey sample				
F 001	Non Compliance		F 001		7/8/17	
	The facility was out o following state licensi					
	This RULE: is not me 12 VAC 5 - 371 - 210 reference to Federal	C and 220 A cross		Tag F 001 RN #5 is no longer employed with the facility.		
	12 VAC 5 - 371 - 220 C.1 cross references to Federal Deficiency Tag - 314			All guests have the potential to be affer by the deficient practice. An audit of all current staff files was	ected	
	12 VAC 5 - 371 - 220 Federal Deficiency Ta	B cross references to ag - 328		completed and all criminal record check were obtained according to company policy and regulation.	cks	
	12 VAC 5 - 371 - 340 Deficiency Tag - 371	cross references to Federal		Administrator will in-service the Accou Payable/Payroll Coordinator on obtain criminal record checks according to		
	12 VAC 5 - 371 - 180 Federal Deficiency Ta	B cross references to ag 441		company policy and regulation. Administrator will audit all new staff file ensure criminal record checks are	es to	
	12 VAC 5 - 371 - 310	A cross references to		obtained according to company policy	and	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Federal Deficiency Tag 504.

TITLE (X6) DATE

Electronically Signed

06/16/17

regulation.

Variances will be reported by the

State of Virginia
STATEMENT OF DEFICIENCIES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		VA0394	B. WING		05/25/2017	
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	ITE, ZIP CODE		
THE LAUF	RELS OF BON AIR	9101 BON A BON AIR, V	AIR CROSSING /A 23235	GS DRIVE		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE
F 001	Continued From page	÷ 1	F 001			
	and employee record that the facility staff fa background check wit	ew, facility document review, review, it was determined ailed to obtain a criminal thin 30 days of hire for 1 of reviewed; Registered Nurse		Administrator to QA committee for trending and analysis.		
	12VAC5-371-110. Management and administration. B. The nursing facility must comply with: 1. These regulations (12VAC5-371); 2. Other applicable federal, state or local laws and regulations; and 3. Its own policies and procedures. 12VAC5-371-140. Policies and procedures. E. Personnel policies and procedures shall include, but are not limited to: 3. An accurate and complete personnel record for each employee including: a. Verification of current professional license, registration, or certificate or completion of a required approved training course; b. Criminal record check					
		y shall develop and and and procedures that ensure befined in §§32.1-138 and				
	Nursing Home Regular documented that a far requirements of §32.1 compensation of persoffenses prohibited; or required; suspension "Any person desiring"	or revocation of license.				

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE (A. BUILDING:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		
		VA0394	B. WING		05/25/2017	
	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 9101 BON AIR CROSSINGS DRIVE					
		BON AIR	, VA 23235			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE COMPLETE	
F 001	Continued From page a sworn statement or criminal convictions or charges A nursing hemployment, obtain for employees an original with respect to convict in this section or an orecord from the Centre Exchange." RN #5 was hired on 13/12/16. A review of #5 revealed that the recheck from the Virginic Criminal Records Excons M #4 (Other Staff Payable/Payroll staff employee records, staff employee in the log as requested. She state was missed. A review of the facility Investigation, and Register in order to have been found guilt mistreating, or misapp property/resources of or who are listed in the professional licensing in the professional licensing in the professional i	affirmation disclosing any r any pending criminal ome shall, within 30 days of or any compensated I criminal record clearance citions for offenses specified riginal criminal history al Criminal Records /28/16 and termed on the employee record for RN equired criminal background in State Police Central change was not done. .m., in an interview with Member), the Accounts responsible for maintaining ated that she did not have it check); that it was missed. eeps a log of every 30-day requests and that RN #5 being one that was ever dishe did not know how it policy, "Abuse Prohibition, porting" documented, icility will screen prospective ont employ individuals who by of abusing, neglecting,	F 001		RIATE DATE	
	requirementse. In s background checks a					

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		VA0394	B. WING		05/25/2017	
NAME OF P	ROVIDER OR SUPPLIER		RESS, CITY, STA			
THE LAUF	RELS OF BON AIR	9101 BON A BON AIR, \	AIR CROSSINO VA 23235	GS DRIVE		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE
F 001	Continued From page 3		F 001			
	these checks must be	e followed"				
	On 5/24/17 at 11:55 a.m., the Administrator (Administrative Staff Member #1) was made aware of the findings. He stated that the facility did not have a background check on RN #5. 12VAC5-371-250F, G Cross reference to F-279 12VAC5-371-220 Nursing Services F280, F309 12VAC5-371-200. Director of Nursing F281 12VAC5-371-300. Pharmaceuticals Services F329 12VAC5-371-240. Physician Services F387					
	12VAC5-371-360. Cli F514	nical Records				